

**Public Voucher for Purchases and  
Services Other Than Personal**

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 2206

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

(Payee)

PAID BY

Encl # 2  
DP5-1016  
COPY 1 OF 2

(Address)

(City)

(State)

**ARTICLES OR SERVICES**

(Enter description, item number of contract or Federal supply  
schedule, and other information deemed necessary)

Discount Terms

QUANTITY

UNIT PRICE

AMOUNT

Cost

Per

Dollars

Cts.

Cost

28,198.07 ✓

**PAYMENT:**

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Total

28,198.07

Shipped from \_\_\_\_\_

to

Weight

Government B/L No.

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)  
Differences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATOTHR

(Sign original only)

Date 5/23/58 \*Payee \_\_\_\_\_

(Not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for  
(Signature or initials) EE

28,198.07

Per \_\_\_\_\_

Title \_\_\_\_\_

Contract No. A-101

Date \_\_\_\_\_

Req. No. \_\_\_\_\_

Date \_\_\_\_\_

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

**SIGN  
ORIGINAL  
ONLY**

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ (sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must appear. For example:  
"John Doe Company, per John Smith, Secretary", or "Treasury", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_

Title \_\_\_\_\_

STATOTHR

5/18/58

7500  
7500 \*  
7500 \*\*

Continued f. Sheet 4, 4

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

Continued to Sheet # 14

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL - 660

# ACCOUNTS PAYABLE WEEKLY DET DISTR DATE 5/18/58

FORM STL - 660																																							
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT																	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order																		
99	05	13	8	230699	44936		05	09	127					58	25	40	00	12501	5032	26	1	24200-																	
99	05	13	8	202579	44934		05	09	290					58	25	40	00	12501	5032	26	1	10962-																	
																						35162-*																	
18	05	13	8	244238	45129		06	10	127					50	25	40	22	12501	5032	26	1	1134																	
18	05	13	8	14867	45014		05	16	925					50	25	40	22	12501	5032	26	1	2940																	
18	05	13	8	115017	44956		06	06	937					50	25	40	22	12501	5032	26	1	2000																	
19	05	13	8	20768	44836		06	10	216					50	25	40	22	12501	5032	26	1	732																	
20	05	14	8	20827	45029		05	30	231					50	25	40	22	12501	5032	26	1	2787																	
21	05	14	8	16267	45252		06	10	181					50	25	40	22	12501	5032	26	1	5410																	
22	05	15	8	502837	45007		05	16	202					50	25	40	22	12501	5032	26	1	18750																	
24	05	15	8	22			05	16	352					50	25	40	22	12501	5032	26	1	780																	
26	05	16	8	53034	45209		06	10	264					50	25	40	22	12501	5032	26	1	3465																	
26	05	16	8	DM-1634	44934		06	10	290					50	25	40	22	12501	5032	26	1	522-																	
29	05	16	8	24808	45045		06	10	56					50	25	40	22	12501	5032	26	1	4704																	
29	05	16	8	M-41012	44876		06	10	171					50	25	40	22	12501	5032	26	1	18000																	
99	05	13	8	230699	44936		05	09	127					58	25	40	22	12501	5032	26	1	24200																	
99	05	13	8	202579	44934		05	09	290					58	25	40	22	12501	5032	26	1	10962																	
																						95342 *																	
																						60180 **																	
																							Continued to Sheet 14																

*continued to Sheet # 14*

5/18/58

[illegible]

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5/18/58

BATCH			
No.	Mo.	Day	Yr.

Continued to Sheet 46

5/18/58

462-  
462-\*  
462-\*\*

Continued to Plot #7

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR.	Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day														
99	05	13	8				08	65	352					58	25	21	05	12501	5044	06	1	462 *
																						462 **
																						<i>Continued Sheet # 8</i>

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## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT				
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order					
20	05	14	8		8-3589	45125		05	15	47				50	25	29	00	12501	5044	07	1	2050 2050 * 2050 **				
																						Continued to Sheet # 9				

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5/18/58

[illegible]

Continued to Sheet #10

5/18/58

Continued to Sheet # 11

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FORM STL - 660

[illegible]

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

FORM STL - 660

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## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

FORM STL - 660

[illegible]

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